

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6	/					
7		/				
8	/					
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10	/					
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14		/				
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16	/					
17		/				
18	/					
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20	/					
21	/					
22	/					
23		3				
24		3				
25	/					
26		/				
27		/				
28	/					
29		/				
30		2				
31	/					
32	/	/				
33		/				
34		/				
35	/					
36		/				
37	/					
38		/				
39		/				
40	/					
41		/				
42		2				
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	14					
TOTAL DEP.	32					
TOTAL CLAIMS	48					

CLAIMS						
	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6	1					
7	1	1				
8	1					
9		1				
10	1					
11	1					
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13		1				
14		1				
15		1				
16	1					
17		1				
18	1					
19		1				
20	1					
21	1					
22	1					
23		3				
24		3				
25	1					
26		1				
27		1				
28	1					
29		1				
30		2				
31	1					
32		1				
33		1				
34		1				
35	1					
36		1				
37	1					
38		1				
39		1				
40	1					
41	1					
42		2				
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	17					
TOTAL DEP.		17				

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						